

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: CLAYTOWN COLLECTION INC

BUSINESS STREET ADDRESS: 4431 SW 77 AVE DAVIE FL ZIP: 33328

BUSINESS MAILING ADDRESS: PO BOX 290191 ZIP: 33329

BUSINESS PHONE: 954 577 0881

DESCRIBE TYPE OF BUSINESS: IMPORT / EXPORT - MANUFACTURE

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Stephane CAIVEAU</u>	<u>4431 SW 77 AVE DAVIE FL</u>	<u>33328</u>	<u>954 370 8686</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

STEPHANE CAIVEAU PRESIDENT

Print Owner or Officers Name and Title

Signature of Owner or Officer

Office Use Only: Date <u>11/2/01</u> Category _____		Fee Exempt per Sec. 13-13 _____	
License # <u>01-15939</u> Control # <u>13341</u>		Fee _____ Rec# _____ New _____ Trans _____	
Council approval Required _____ Yes _____ No _____		Zoning Approval _____ Date _____	
Town Council Date _____		Approved _____ Denied _____	
Tabled To _____		Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			